

158783

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>1. Article Addressed to:</p> <p> Ms. Loretta Lopinot Cahokia Public Library 140 Cahokia Park Drive Cahokia, IL 62206 </p>	<p> A. Received by (Please Print Clearly) B. Date of Delivery 3-7-00 </p> <p> C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p> <p> 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </p>
<p>2. Article Number (Copy from service label)</p> <p>P 863 951 487</p>	

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Saupt Area 1 undt XL